

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		2				
6	1					
7		1				
8		1				
9		1				
10	1					
11		1				
12		2				
13		2				
14	1					
15	1					
16	1					
17	2					
18	2					
19	2					
20		1				
21			1			
22			1			
23			1			
24			1			
25			1			
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48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.			16			
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						